

FILED

10/10/2007

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISMAR 13 2008 *aw*
Mar 13, 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITARNOLD JOYNER

Plaintiff

BRAUN FURCHES, ROGER WALKER,
JASON GARRETT, TERRY MCCANN,
DONALD HULICK, DEE BUNAGALZA

Defendant(s)

08CV1513
JUDGE CONLON
MAGISTRATE JUDGE BROWN

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, ARNOLD JOYNER, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☒ to proceed without full prepayment of fees, or ☒ in support of my motion for appointment of counsel, or ☒ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)
I.D. # N-31385 Name of prison or jail: _____
Do you receive any payment from the institution? ☒ Yes ☐ No Monthly amount \$10.00
2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages: _____
Name and address of employer: _____
 - a. If the answer is "No":
Date of last employment: OCT. 2002
Monthly salary or wages: \$1460.00
Name and address of last employer: COM. TEC. 1800 S. INDIANA AVE. CHICAGO, IL 60608
 - b. Are you married? ☐ Yes ☒ No
Spouse's monthly salary or wages: _____
Name and address of employer: _____
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.
 - a. Salary or wages ☐ Yes ☒ No
Amount _____ Received by _____

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount _____ Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____
4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 2-29-2008

Arnold Joyner

Signature of Applicant

ARNOLD JOYNER

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, ARNOLD JOYNER, I.D.# N31385, has the sum of \$ -.12 on account to his/her credit at (name of institution) STATEVILLE CC.

I further certify that the applicant has the following securities to his/her credit: —. I further certify that during the past six months the applicant's average monthly deposit was \$ 9.97.

(Add all deposits from all sources and then divide by number of months).

2-25-08

DATE

T. Cirrione

SIGNATURE OF AUTHORIZED OFFICER

T. CIRRIONE

(Print name)

Time: 2:45pm

Stateville Correctional Center
Trust Fund

d_lst_inmate_trans_statement_composite

Inmate Transaction Statement

REPORT CRITERIA - Date: 08/25/2007 thru End; Inmate: N31385; Active Status Only ? : No; Print Restrictions ? : Yes;
Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print
Balance Errors Only ? : No

Inmate: N31385 Joyner, Arnold

Housing Unit: STA-C -10-33

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							15.50
08/27/07	Point of Sale	60 Commissary	2397150	504342	Commissary	-9.86	5.64
09/12/07	Point of Sale	60 Commissary	2557142	505948	Commissary	-5.56	.08
09/13/07	Payroll	20 Payroll Adjustment	2561148		P/R month of 08/2007	3.40	3.48
09/20/07	Point of Sale	60 Commissary	263721	507234	Commissary	-2.54	.94
10/09/07	Payroll	20 Payroll Adjustment	282190		P/R month of 09/2007	4.42	5.36
10/10/07	Point of Sale	60 Commissary	283783	509491	Commissary	-5.18	.18
11/12/07	Payroll	20 Payroll Adjustment	316190		P/R month of 10/2007	10.00	10.18
11/13/07	Point of Sale	60 Commissary	3177137	513235	Commissary	-3.51	6.67
11/14/07	Disbursements	84 Library	318390	Chk #137102	C1105174, DOC: 523 Fund Librar, Inv. Date: 11/05/2007	-.75	5.92
11/20/07	Mail Room	01 MO/Checks (Not Held)	3242129	08242888116	Millsap, Barbara	25.00	30.92
11/28/07	Disbursements	84 Library	332390	Chk #137371	J1127312, DOC: 523 Fund Inmate, Inv. Date: 11/27/2007	-.15	30.77
11/29/07	Disbursements	80 Postage	333390	Chk #137412	g1128113, DOC: 523 Fund Inmate, Inv. Date: 11/28/2007	-1.64	29.13
12/04/07	Point of Sale	60 Commissary	3387137	515734	Commissary	-2.36	26.77
12/11/07	Point of Sale	60 Commissary	3457142	516773	Commissary	-26.29	.48
12/12/07	Payroll	20 Payroll Adjustment	346190		P/R month of 11/2007	8.84	9.32
12/18/07	Point of Sale	60 Commissary	352783	518169	Commissary	-5.90	3.42
12/20/07	Disbursements	80 Postage	354390	Chk #137776	g1218302, DOC: 523 Fund Inmate, Inv. Date: 12/18/2007	-.41	3.01
12/28/07	Disbursements	80 Postage	362390	Chk #137927	J1227824, DOC: 523 Fund Inmate, Inv. Date: 12/27/2007	-1.23	1.78
01/03/08	Point of Sale	60 Commissary	0037137	519771	Commissary	-1.70	.08
01/09/08	Payroll	20 Payroll Adjustment	009190		P/R month of 12/2007	8.16	8.24
01/14/08	Disbursements	80 Postage	014390	Chk #138197	g0111117, DOC: 523 Fund Inmate, Inv. Date: 01/11/2008	-4.60	3.64
01/21/08	Point of Sale	60 Commissary	021783	522206	Commissary	-1.40	2.24
02/08/08	Payroll	20 Payroll Adjustment	039190		P/R month of 01/2008	10.00	12.24
02/11/08	Point of Sale	60 Commissary	0427137	525095	Commissary	-4.82	7.42
02/18/08	Point of Sale	60 Commissary	0497142	526416	Commissary	-5.54	1.88

Total Inmate Funds: 1.88

Less Funds Held For Orders: .00

Less Funds Restricted: 2.00

Funds Available: -1.12

Total Furloughs: .00

Total Voluntary Restitutions: .00

RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
02/25/2008	j0225399	Disb	Medical Co-Pay	99999 DOC: 523 Fund Inmate Reimburseme	\$2.00

Total Restrictions: \$2.00